

First Annual Report of  
The Bailey and Babette Gatzert Foundation  
For Child Welfare

Including a Statement of the Work of  
The Department of Diagnosis of the Juvenile Court  
of Seattle

by  
STEVENSON SMITH  
Clinical Director of the Gatzert Foundation

May 1912



*Washington State*  
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## THE ESTABLISHMENT OF THE BAILEY AND BABETTE GATZERT FOUNDATION FOR CHILD WELFARE

In an address delivered before the "Know Your City" Institute of Seattle, May, 1910, and in another before the State Conference of Charities and Corrections in Tacoma, 1910, Prof. E. O. Sisson of the Department of Education of the University of Washington made a plea for an adequate endowment to be used in child welfare work by the University. The plan of establishing a foundation for this purpose was in this way brought to the attention of Mrs. Nathan Eckstein, who had for some time been interested in the psychological clinic which had been maintained since the fall of 1909 at the University by Dr. Sisson and by Dr. Stevens, Associate Professor of Psychology. Thus in December, 1910, after conference and correspondence, an endowment of thirty thousand dollars was received by the Regents of the University of Washington from the late Mr. Abraham Schwabacher, the father of Mrs. Eckstein, and Mr. Sigmund Schwabacher, brothers of Mrs. Gatzert, for the establishment of the Bailey and Babette Gatzert Foundation for Child Welfare.

### DEED OF GIFT

WHEREAS, Abraham Schwabacher, deceased, late of the City of San Francisco, State of California, and the undersigned, Sigmund Schwabacher of the same place, did, during the lifetime of said Abraham Schwabacher design to make the donation hereinafter mentioned, but the death of the said Abraham Schwabacher came before said design could be put in operation;

THEREFORE, The undersigned, Sigmund Schwabacher and Nathan Eckstein, executor of the last will and testament of the said Abraham Schwabacher, deceased, do by these presents give, grant, set and deliver over unto F. A. Hazeltine, M. F. Backus, A. F. McEwan, John A. Rea, A. L. Rogers, John C. Higgins and Howard G. Cosgrove, constituting the present board of regents of the University of Washington, and to their successors in office forever, the sum of thirty thousand dollars upon the following terms and conditions:

Said sum of money shall be safely invested by the said trustees in interest-bearing securities, and the income thereof shall be used to maintain a bureau of child welfare in the department of Education of the University of Washington, the work of said bureau to consist in the promotion in various ways of education for the better care and treatment of children suffering from defects, either physically or mentally, especially such defective children as can, in spite of their defects, attend school of some sort and benefit by some form of school education and training. Said bureau to be known in perpetuity as THE BAILEY AND BABETTE GATZERT FOUNDATION OF CHILD WELFARE OF THE UNIVERSITY OF WASHINGTON, and to be at all times in charge of a competent expert, and any expense in maintaining the bureau in excess of such income to be provided out of University or other funds.

The trust for the handling of the principal and the disbursement, for the purpose aforesaid, of the income of said fund shall devolve upon the successors in office of the said board of regents from time to time; and if at any time the board of regents of the said University should be abolished and some other board or official or officials substituted in the place of said board, the trust shall then devolve upon said newly created officials and their successors in office.

Said bureau may be changed by the trustees hereinabove constituted from the department of Education to some other department of the University, provided that no such change shall be made during the thirty years period hereinafter named without the consent of the reversionary trustees hereinafter constituted.

This gift, however, is made upon the express condition, which is of the essence of it, that should said bureau at any time prior to the expiration of thirty years from said date be discontinued or changed from its original purpose as herein expressed, or fail to be conducted for a continuous period of one year, that in such event the principal and unexpended interest of said fund shall revert to three trustees and their successors in trust, each vacancy to be filled by appointment of the remaining trustees, the first three to be Nathan Eckstein, James S. Goldsmith and Leo S. Schwabacher of the City of Seattle, State of Washington, it being the duty of such trustees to invest the same at interest in first-class securities and expend the income for some like purpose as that hereinbefore expressed, to-wit: the better care and treatment of defective children in the State of Washington.

IN WITNESS WHEREOF the said Sigmund Schwabacher has hereunto set his hand and seal, and the said Nathan Eckstein, as such executor, has hereunto set his hand and seal this 16th day of December, 1910.

(Signed)

SIGMUND SCHWABACHER (Seal)

NATHAN ECKSTEIN (Seal)

*Executor of the last will and testament of Abraham Schwabacher, Deceased.*

Seattle, Washington, December 21, 1910.

The undersigned, members of the Board of Regents of the University of Washington, as trustees in the above instrument named, do hereby, for themselves and their successors in office, as such regents, accept the donation made in and by the foregoing instrument, upon the trusts and conditions therein expressed.

F. A. HAZELTINE

A. F. McEWAN

JOHN C. HIGGINS

M. F. BACKUS

JOHN A. REA

HOWARD G. COSGROVE

A. L. ROGERS

## THE POLICY OF THE FOUNDATION

*While the Foundation was under consideration by the donors, Dr. Sisson, at their request, outlined to them a plan for the "Bureau of Child Welfare," which was in part as follows:*

1. "The Foundation would concern itself with both physical and mental defects in children, carrying on examination and study of defects and giving the best and most up-to-date counsel and advice as to the treatment of these defects.
2. "It may be well to explain here somewhat the outline of work suggested in the previous document submitted to you. The work of the Foundation would consist in the main of the following points:
  - (a) "Its representative would actually examine defective children as far as possible, would promote and aid local authorities in providing the necessary care and instruction for all children in the schools. It would also cooperate with the larger cities in establishing laboratories of their own, would aid them in getting the right persons to take charge of the work and in conducting and equipping their laboratories.
  - (b) "It must not be thought that any activity on the part of local authorities could render the work of the Foundation less valuable. As in the course of years the local communities are aroused to a sense of their duty and possibilities and make arrangements to take care of their own children, the work of the Foundation would change somewhat in character, but would become, if anything, more valuable and more indispensable. It would collect and publish information concerning all the local activities; its representatives would aid the local authorities in dealing with peculiar and difficult cases and in general the Foundation would then exercise a helpful and enlightening influence over the local activities which it had helped to call into existence.
  - (c) "We desire to call special attention to the fact that such a Foundation as this could stimulate almost unlimited progress in the work of local school authorities and communities. Expenditure of a comparatively small amount of money from the annual income of the Foundation might lead to expenditure of very large amounts throughout the State and in other states, for the interest of the work could not possibly be limited to the state.
  - (d) "By its connection with the University, and particularly with the Department of Education, the Foundation would aid in training teachers and experts to go out and do the needed local work. The



Department of Education at present sends out every year from sixty to seventy teachers into the schools of the state.

- (e) "Moreover, by virtue of its connection with the University, the Foundation would be able to obtain and use all the most advanced results of scientific investigations in other lines, such as psychology, physiology, zoology, etc."

### THE SCOPE OF THE FOUNDATION

In the Summer School of 1911 Dr. Gezell of Yale University conducted courses dealing with the diagnosis and training of exceptional children, and Dr. H. H. Goddard of Vineland gave a series of lectures on the same subject, which were open to the public, as well as to University students. At this time a number of children were examined by Dr. Goddard and Dr. Gezell, who advised the parents as to the special training which the children needed.

During the past winter the work has been conducted on lines following closely the plans originally outlined by the donors of the Foundation.

In the laboratories, normal and subnormal children have been given both physical and mental diagnosis and training. Over seven hundred children visited the clinics during the eight months preceding May 1st, 1912.

Six weeks were spent by the clinical director in visiting schools throughout the state and speaking to the teachers and others on the subject of child welfare, with the purpose in view of bringing about the establishment of child helping agencies in localities which need them.

The State Institution for Feeble Minded, the Parental School at Seattle, and the State Training School were visited and mental tests made on the children.

With the special object of training teachers, courses have been given in the Department of Psychology and in the Department of Education, dealing with exceptional children.

### THE RELATION OF THE FOUNDATION TO THE PUBLIC SCHOOLS

The Foundation conducts two clinics which are primarily for the examination of school children. One of these is at the University of Washington in connection with the Department of Orthogenics. The other is at the Cascade School in connection with the special classes.

#### *The Clinic at the University*

Here children are seen daily by appointment, whether referred by the school authorities or brought by parents who wish advice. No restriction is placed on the nature of the cases received. A large number of normal children have attended whose parents wish to ascertain what kind of education they should receive as indicated by their individual differences. With backward



children effort is made to discover and correct the cause of their retardation. Parents are advised as to the disposition or training of mentally defective children. Speech defects are given corrective training in classes which are held daily. Besides these, many other conditions are dealt with in the clinic or are referred to special agencies elsewhere for treatment. Individual training and investigation of cases is carried on extensively by students in the department.

### *The Clinic at the Cascade School*

In response to the suggestion of those carrying on the child welfare work at the University of Washington, the Board of Education of Seattle a year ago provided a laboratory with adequate apparatus at the Cascade School for the study of retarded and defective children. This laboratory forms a part of the equipment of the special classes which are under the supervision of Miss Nellie A. Goodhue. The Foundation cooperates with Miss Goodhue in conducting here a clinic for the school-children of the city and in carrying on an intensive study of the children in the special classes.

The work done with the fifty pupils of the special classes has been most thorough. An exhaustive physical examination has been made by the physicians connected with the clinic and elaborate family, personal, and social histories have been secured by Miss Goodhue and the teachers. In the mental examination a large number of tests for sensation, perception, memory, discrimination, association, and judgment have been systematically made upon each pupil. The results of these and of the motor tests will be issued in a later publication.

The purpose of the intensive study of these fifty children was twofold. Primarily it was desired properly to adapt the training to each child's condition and to note his progress during the year.

On the other hand, it has been our object to standardize old tests and where necessary to work out new ones. If psychological tests made in the clinic are to be of value to the child on whom they are made, it would seem that they must suggest something more to the psychologist than that the child is backward or not backward. But for the experimenter to know even this much about any child that he examines he must first have established a norm, or more properly a set of norms, for the child of that age, sex, race, etc., with the probable limits of variation for each norm. And this is only the beginning. From his tests upon the child in question the experimenter has obtained certain results. By comparing these with the norms, he learns two things: in what respect the child varies from the normal and of what degree this variation is. From these data he may proceed to certain other conclusions, namely, in what respect and to what extent the child is trainable and in response to what method of training the child will make greatest or most rapid progress. As an ideal result, then, of psychological

tests we would obtain diagnosis, prognosis, and a suggested method of training—all of them quantitative. But in order to conclude in how far the child is trainable, and in what direction, and by what means, the psychologist must first have correlated the various responses made to his tests by the children of each age, sex, race, etc., with the results of each method of training in each branch of education.

The question as to what tests are significant, and should be used in the examination of any given type of child, constitutes one of the greatest problems and can be answered only empirically. The intensive study of our little group of fifty children will be, it is hoped, the beginning of a piece of constructive work along these lines.

## THE DEPARTMENT OF DIAGNOSIS OF THE SEATTLE JUVENILE COURT

### THE RELATION OF THE FOUNDATION TO THE JUVENILE COURT

In June, 1911, Lilburn Merrill, M. D., came to Seattle as director of the Department of Diagnosis of the Juvenile Court. Since September, 1911, Dr. Merrill's department has been affiliated with the Gatzert Foundation through the appointment of the Foundation's clinical director as psychologist to the court.

### THE PROBLEM OF DELINQUENCY

The novelty of the modern probation and penal methods furnishes a contrast to the old, which temporarily gains us the cooperation of the prisoner. For this reason the lenient treatment of delinquency is most successful when it is first practiced. As probation becomes more general, it is less effective. Mr. Morrison I. Swift, in a recent issue of the *Atlantic Monthly*, says of the Montpelier system, where the prisoners go to work outside the prison without guards, "When such a prisoner finds that he is treated as a man, a feeling of mingled surprise, gratitude, elation, and pride awakens in him; he learns for the first time the value of social esteem and determines to deserve it." But we may ask, without the surprise how much gratitude, elation, or pride would awaken? Certainly not so much. The results of a transition period are not gotten in a static period, and so it seems to be with probation. The system is not of as much value as it gave promise of being. We need in addition other means of handling the delinquent and it was the feeling of this need that led the Seattle Juvenile Court to establish its Department of Diagnosis.

The two most usually distinguished types of mental peculiarity, the psychopathic and the arrested development, are found frequently among the court children. The feeble minded ones are relatively easy of diagnosis, whereas the psychopathic offer a much more difficult task, as it is often hard to know whether the child's responses are modified by a chronic mental condition or by the

circumstances of his arrest and detention.

Most mental conditions which mark an individual as "queer" are distinguished not so much by stupidity as by a limited conception of situations, which conception is or may be logical within itself, but does not embrace a larger issue or a wider field of facts. It is a selection of certain premises and a disregard of others just as important or more so. It may also be said to be due to the presence of false premises, but this amounts to the same thing, for these false premises are accepted due to the disregard of others. For there is some inductive evidence for practically any conclusion and it will be believed, provided the fallacy of selection is practiced. Thus a paranoiac has lost his shoes. Some people steal shoes, he knows. Disregarding the fact that not all shoes are lost in this way, he concludes that his shoes were stolen. The man who patented the pneumatic hat, which would prevent the wearer's being injured by sandbaggers, was clever in his way. His ingenuity met the situation successfully. He merely overlooked the fact that any one suspecting the imminence of being sandbagged would rather show a clean pair of heels than pause to inflate his hat.

Often the specialist lost in the interest of his chosen field has what we call a distorted perception of values. At least his judgment of relative values differs from the popular one, and the world calls him queer. They have a phrase in one part of the country that represents this idea of the larger mental horizon. They say of the man who reacts proportionately to the whole scale of accepted values that he is "like folks," i. e., he represents sanity. None of his wires is down. He can see the woods in spite of the trees.

The departure from the ordinary estimate of the importance of things may be due either to limited experience or to some strong emotional experience which has happened along in the chance company of a commonplace, or it may be due to mental disintegration or to a prenatal tendency. It is a matter of the number and strength of associated ideas or of associated physiological processes. Any deviation from the normal may be caused by circumstance or training or by the pathological breaking down of previously formed associations, or by an organic tendency toward a certain kind of growth. Frequently queerness is a symptom of impending or present decay, but not always. A queer trait may be inherited or acquired and remain stable through life. But though the etiology of queerness is often difficult to formulate, the distinction between divergence from the normal and retardation is clear.

The Department of Diagnosis investigates every child brought into court on a delinquency charge. His physical and mental condition are examined and his personal, family, and social history are taken as thoroughly as possible from the child and the parents and by the reports of probation officers and other investigators.

# REPORT ON FIRST 200 DELINQUENT BOYS STUDIED

## Diagnosis

Social .....	87	Audition .....	4
Functional neurosis .....	27	Vision .....	3
Neurosis .....	17	Epileptic .....	3
Moral neglect .....	15	Insane type .....	2
Feeble minded .....	11	Psychic epilepsy .....	1
Rapid growth .....	9	Cardiac .....	1
Moral imbecile .....	8	Nose and throat .....	1
Malnutrition .....	6		
Mentally defective .....	5		200

By "functional neurosis" is meant a pathological condition which is due to bad habits, for example, sex habits, cigarettes, etc., rather than to congenital causes.

In using the term "mentally defective" it is sought to designate those children who are either so much retarded or display such mental peculiarity that they are obviously psychically abnormal, but who do not admit of sufficiently exact diagnosis to warrant their being placed in one of the other groups.

## Form of Delinquency Predominating

Larceny .....	52	Nomadism and larceny .....	3
Truancy .....	42	Truancy and larceny .....	2
Nomadism and truancy .....	36	Intoxication .....	2
Malicious mischief .....	18	Forgery .....	1
Nomadism .....	16	Begging .....	1
Sex delinquency .....	11	Vagrancy .....	1
Incorrigibility at home .....	10		
Disorderly conduct .....	5		200

## Correlation of Diagnosis and Form of Delinquency

### Diagnosis: "Social"

Larceny .....	28	Nomadism and truancy .....	5
Truancy .....	19	Sex delinquency .....	4
Malicious mischief .....	11	Incorrigibility at home .....	3
Nomadism .....	10	Intoxication .....	2
Disorderly conduct .....	5		

— 87

### Diagnosis: "Functional neurosis"

Nomadism and truancy .....	10	Sex delinquency .....	4
Larceny .....	7	Truancy and larceny .....	2
Truancy .....	4		

— 27

### Diagnosis: "Neurosis"

Larceny .....	6	Nomadism .....	2
Truancy .....	4	Malicious mischief .....	2
Nomadism and larceny .....	3		

— 17

### Diagnosis: "Moral neglect"

Nomadism and truancy .....	8	Malicious mischief .....	1
Incorrigibility at home .....	3	Begging .....	1
Larceny .....	2		

— 15

Diagnosis: "Feeble minded"			
Malicious mischief .....	4	Nomadism and truancy .....	1
Sex delinquency .....	3	Incorrigibility at home .....	1
Nomadism .....	2		
			— 11
Diagnosis: "Rapid growth"			
Nomadism and truancy .....	7	Truancy .....	2
			— 9
Diagnosis: "Moral imbecility"			
Larceny .....	6	Forgery .....	1
Truancy .....	1		
			— 8
Diagnosis: "Malnutrition"			
Nomadism and truancy .....	3	Larceny .....	1
Truancy .....	2		
			— 6
Diagnosis: "Mentally defective"			
Truancy .....	2	Larceny .....	1
Nomadism and truancy .....	2		
			— 5
Diagnosis: "Audition"			
Truancy .....	3	Nomadism and truancy .....	1
			— 4
Diagnosis: "Vision"			
Truancy .....	2	Larceny .....	1
			— 3
Diagnosis: "Epilepsy"			
Incorrigible at home .....	2	Truancy .....	1
			— 3
Diagnosis: "Insane type"			
		Nomadism .....	2
			— 2
Diagnosis: "Cardiac"			
		Truancy .....	1
			— 1
Diagnosis: "Nose and throat"			
		Truancy .....	1
			— 1
Diagnosis: "Psychic epilepsy"			
		Incorrigibility at home .....	1
			— 1
		Total .....	200

It is well to point out that under the heading "social," although larceny is the most frequent form of delinquency, it is not of the chronic character common to the boys classified under "neurosis," "functional neurosis" and "moral imbecility." Not so many of the children, the cause of whose delinquency is social, are recidivists, following a rational attempt at probationary treatment. The child who is psychologically abnormal usually gives a less satisfactory response to the social approach.



A few brief extracts from the records are here given as illustrative cases.

### Moral Imbecile

A.—Girl. Age 14. An illegitimate child, adopted into a good home at 2 1-2 years. During early childhood developed an uncontrollable temper. Frequently ran away from home. Her disposition was always peculiar. From time to time she manifested degenerate traits, which her teachers and other capable friends were never able to control. She has at times been a winsome, lovable child, and on other occasions a morbid, sulky creature who defied both love and rigid discipline. She was placed in the State Training School. A few weeks later she and a younger girl escaped. While loitering along a railroad at night her little companion was struck by a passing train and killed. "A" was in no way distressed by the accident, but instead manifested considerable pleasure at being the object of conversation and numerous inquiries.

B.—Boy. Age 14. Larceny of merchandise. He was placed on probation; ran away from home and a month later he was caught one night while entering a window of a hotel room. He had robbed several rooms, and had forty dollars in his pockets. The boy was in bad physical condition; there was a history of temperature and night sweats during the previous year. He was rather small for his age. Our investigation revealed the fact that while working for the Western Union as a messenger he became acquainted with women of bad character. The month he was away from home he spent in their company. Numerous social attempts were made to secure a response from the boy, but he has been uniformly indifferent to every moral influence or social approach. Committed to State Training School.

### Neurotic

C.—Boy. Age 12. Incurable at home; truancy; persistently out nights associating with other boys; stealing. The family history shows two maternal aunts and a paternal aunt insane; a paternal great-aunt was insane and committed suicide. The boy's father is of a neurotic temperament. The mother is said to be peculiar. An older brother developed epilepsy at age of 14, and died in a convulsion at age 20. The developmental history of this boy shows nothing positive until his 10th year, at which time he became stubborn and morally apathetic. He talked a great deal during sleep, and frequently suffered from night terrors. He presents a history of uncontrollable temper, which at intervals amount to rage. He has been regarded as entirely untrustworthy by his parents and other adult friends. While he is apparently susceptible and responsive to moral influence, they state that a promise or a good resolution is almost immediately forgotten, and he has uniformly failed to manifest any remorse. Committed to Parental School.

D.—Boy. Age 14. Larceny of money from his home, friends, church and numerous other sources where he and his foster parents were known and trusted. The boy is an illegitimate child, and adopted into his present home when a few weeks old. His foster parents are thoroughly cultured, educated people. They have given the boy every opportunity and advantage. At the age of 8 years he developed occipital headaches, which begin during the afternoon and gradually become more intense toward evening. After ten or fifteen hours the pain ceases. These headaches have recurred every week or so until the present. Previous to his 10th year he was said to be a very beautiful child. With the beginning of pubescent development his disposition, which had previously been "angelic," gradually underwent a change. He became sullen and moody; indifferent to every moral influence. The medical examination revealed a history of masturbation and cigarettes since his 12th year. Committed to State Training School.

## Epileptic

E.—Boy. Age 13. Large physical development. Most of the time obedient, and a very happy, good natured boy, but periodically he became enraged; upon slight provocation would curse his mother and threaten to do violence to her and other associates. Mother was heartbroken, and urged that he be committed to the State Training School. Family history revealed father epileptic; died at age 48. Developmental history of child indicates that at age of 2 1-2 years attacks of petit mal began, since which time they have recurred at two or three months' intervals, symptoms varying from simple petit mal to an atypical grand mal. We kept the boy under observation for two weeks, and then arranged for his removal to the country, where he lived on a ranch with an aunt for five months. In this environment atypical seizures recurred on two or three occasions. General conduct and disposition greatly improved.

F.—Boy. Age 13. Neurotic type; anaemic and emaciated. Ran away from boarding home on several occasions. Peculiar disposition. Periodically incorrigible. Father's mother a victim of delusions and fixed ideas. Father's sister insane. Father neurotic type. At age of 10 boy was found lying on ground unconscious. At long intervals during last three years has "fainted." School record has been unsatisfactory. Periodically apathetic to school work. While consulting with boy his face suddenly became congested. He wheeled about and attempted to strike Dr. M., and exclaimed "Let me alone." He broke into tears and sobbed convulsively for twenty minutes. For ten minutes thereafter appeared dazed, and wanted to go home. Committed to Parental School.

## Feeble Minded

G.—Girl. Age 15. Beyond the control of her parents. Runs away from home and associates with disreputable men. Gave birth to a child by her cousin. She is one of nine children, most of whom are mentally defective. She was found to be feeble minded, and placed in the State Institution for the Feeble Minded.

H.—Boy. Age 14. Sex delinquency. Attempted to have relations with three year old girl. The boy is physically well developed. Feeble minded. Committed to the State Institution for the Feeble Minded.

I.—Girl. Age 14. Incorrigible. Frequently runs away from home. Is sulen and disobedient. On one occasion disappeared, and after seventeen days was found in an obscure part of the basement of her home, where she had lived during the entire time. Father alcoholic; mother's social record bad. Was found to be feeble minded and placed in the State Institution for the Feeble Minded.

J. Boy—Age 8. Frequent complaints of malicious mischief about neighborhood; started fires adjacent to buildings; stealing and truancy. Father alcoholic before and at conception. Child feeble minded, and placed in the State Institution for the Feeble Minded.

## Audition

K.—Boy. Age 13. Truancy; disobedient and generally incorrigible, both at school and at home. On several occasions he was disciplined, and once severely whipped at a private school because of failure to obey a command. He ran away, and was brought in by the police. Examination with audiometer revealed very defective hearing. There was a history of otitis media at age 2. He was retarded in expression, due to a limited vocabulary. We found that he persistently pretended to understand when he, in fact, heard only fragments of a command or conversation. Medical and institutional care at Parental School has greatly improved his condition.



### **Cardiac**

L. Boy. Age 14. Incurrigible at home and at school; mentally sluggish and apathetic; unsatisfactory pupil; irritated teacher, who complained that he was lazy and so sluggish that he was troublesome. The boy presented a neurotic heart, which was directly responsible for the general physical sluggishness, and a large part of his mental apathy. Physical growth had been excessively rapid. He was committed to the Parental School and put at farm work. Improvement was rapid, and after six months he was discharged in good mental and physical condition.

### **Specific**

M.—Girl. Age 8. Nomadic since age 3; incurrigible, both with mother and in orphanage. Father followed nomadic life; had bad social record. Child developed spinal meningitis at 8 months; sick for 10 months. Thereafter physical development was rapid. Now a heavily built, well nourished child. She presents a perfect clinical picture of congenital syphilis. Advised treatment, and placed in the country.

### **Rapid Growth**

N.—Boy. Age 16. Incurrigible at home; vagrancy. His delinquency began a year ago, at which time he began to grow rapidly. He is said to have grown five inches during last 5 months. His present height is six feet, one inch. He is good natured, but indolent, and will doubtless be a social misfit until his mental and physical equilibrium is reestablished.

### **Tonsils and Adenoids**

O.—Boy. Age 11. Truancy. Incurrigible at school. The boy was found to be suffering from adenoid growths, and greatly hypertrophied tonsils. Surgical treatment was provided, and his school record now is entirely satisfactory.

### **Malnutrition**

P.—Boy. Age 12. Truancy. Mentally retarded. Emaciated and anaemic. He and his mother had been living together in one room. Diet consisted of coffee three times a day, with bread and weak soup. He was placed in the Parental School, and both physical and mental improvement have been rapid.

The above cases represent some of the causes of delinquency found in the Juvenile Court. Many children who come into the court are in good physical condition and have no mental defect. The cause of their delinquency is usually social, and in order to meet this condition, the home and neighborhood is inspected by the probation officer, and the parents brought into court and advised as to their care and discipline of the children.

*Plans for Next Year;* It is the plan of the Foundation next year to conduct, in addition to the clinic, an observation school where children may be kept for a few weeks while their physical and mental condition are being studied. Many parents in this part of the country are unable to take advantage of the institutions in the East, and in response to a number of requests for such training as can be given only in an observation school, it is proposed to receive children, making a charge which will cover only the actual expense of boarding them.

We wish to express our thanks to Dr. C. F. Davidson, Dr. F. J. Fassett, Dr. J. B. Manning, Dr. G. W. Swift, Dr. A. T. Wanamaker and Dr. F. Bentley for the work they have done in examining and treating the children in the clinics. Superintendent of Schools Frank B. Cooper has cooperated in every way with the Foundation, without which help much of the work would have been impossible. Teachers of the special classes have given their time to the laboratory research work most generously.

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